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PICK-UP	☐ WAIT	MAIL
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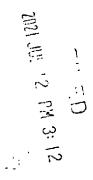
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT:
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	Daviel F. Ramos Cova
	Name of Person
	1
	Firm/Company
	7821 Carlyle Ave. # 4.
	Address
	Miani Beach + Iorida 33141
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
1	Daniel F. Parus Cova at (786) 8040123
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
Æ(\$25	.00 Filing Fee Solution Solution Status Soluti

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OF

Dreamer Group.
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 07-06-2021 and assigned Florida document number 12100307864.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new <u>registered office address here</u> :
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
City Zip Code
New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Daniel F. Ramos Cova	7821 Carlyle Ave #4. Minuils. F1. 33141.	Add
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ective date, if other effective date is listed.	r than the date of file the date must be specific	ling:and cannot be prior to date	of filing or more than 90 days	optional) after filing.) Pursuant to 605.0207
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different's effective da	ite on the Department of	of State's records.		
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